

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>01/10/04</u>		2 Serial/Patent # <u>09445258</u>	
------------------------------------	--	-----------------------------------	--

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time	#18	7/25/03	\$ 930.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

	7 TOTAL AMOUNT OF REFUND
	\$ 930.00

10 REASON:	8 TO BE REFUNDED BY:							
<input type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Treasury Check							
<input checked="" type="checkbox"/> Duplicate Payment	Credit Deposit A/C #:							
<input checked="" type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>0</td><td>--</td><td>1</td><td>2</td><td>0</td><td>5</td> </tr> </table>	0	0	--	1	2	0	5
0	0	--	1	2	0	5		

EOT was not timely filed.

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: _____	TITLE: _____
SIGNATURE: _____	PHONE: _____
OFFICE: _____	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: <u><i>Alvira</i></u>	DATE: <u>6/14/04</u>

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**